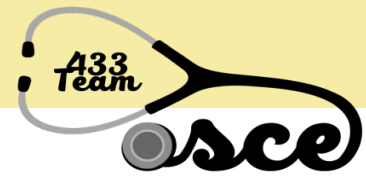


Nervous System



Dementia

Chief Complain: confusion and memory loss

Questions

Indications

History of the chief complain

onset	Delirium's onset is sudden with a definite beginning point. Dementia's onset is slow and gradual, with an uncertain beginning point.
progression	Slowly progressive (Alzheimer's), step-like (Vascular)
Triggers (infections, stress..etc)	
Course	Delirium's course is usually reversible, whereas dementia's course is slowly progressive
Associated symptoms	<ul style="list-style-type: none">• Depression• Psychiatric symptoms: hallucination/delusions• Behavioral change: agitation, aggression, wandering, calling out• Level of consciousness: in delirium fluctuation consciousness• Sleeping pattern: awake at night (Alzheimer's), early morning waking (depression)• Cognitive disturbances: aphasia, agnosia, executive dysfunction (difficulty planning/organizing)• Effect at night (delirium is always worse at night).

Past medical

Psychiatric history

Parkinson's

Vascular diseases

Infections

Diabetes

Head injuries

Drug history

Hypertension/diabetes medication

Parkinson's drugs

Alzheimer's drugs

New medications

Anesthesia (surgery)

Allergies	
Family history	
Related conditions e.g. dementia, vascular disease, depression	
Social history	
Living situation, carers, home support	
Who performs their daily tasks (if the patient does them, how well?) Washing, dressing, cooking, cleaning, shopping	
Work/drive	
Smoking, alcohol	
Risk To self: wandering, leaving gas on, abuse, neglect by self or others To others: aggression, risky behavior.	
Temporal lobe function assessment	
Flower test: ask the patient to remember a name, address, and names of three flowers and repeat them immediately, then ask the patient 5 minutes later to repeat the names again.	To test short term memory
Ask what year were you born	To test long term memory
Ask the patient whether s/he has met you before	Test for confabulation (making up stories to fill any gaps in the memory)

What are the causes of dementia?

- Alzheimer's Disease
- Vascular dementia
- Lewy-body dementia
- pseudodementia

What are the causes of delirium?

- **Infection:** UTI, pneumonia, meningitis, encephalitis
- **Neurological:** stroke, subdural hematoma, epilepsy
- **Endocrine/metabolic:** Dehydration, hyponatremia, hypercalcemia, thyroid dysfunction

Mention 2 investigations you would order in a patient with delirium?

- CBC, electrolytes, urea, creatinine, LFT, ESR, TSH +/- Auto-immune evaluation
- Arterial blood gases
- Urinalysis and toxicology screen
- Chest X-ray, EKG
- CT head, EEG, Lumbar Puncture